

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)  
**NATIONAL ASSN OF DENTAL PLANS (NADPAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
RE-ELECT BRIAN BILBRAY FOR CONGRESS 370 BRACEDASH DRIVE #7 IMPERIAL BEACH, CA 91932	BRIAN BILBRAY U S HOUSE CA049 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/18/00	500.00
B. Full Name, Mailing Address and ZIP Code CHRISTOPHER COX CONGRESSIONAL COMMITTEE P.O. BOX 8088 PMS-U NEWPORT BEACH, CA 92658	CHRISTOPHER COX U S HOUSE CA047 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/18/00	500.00
C. Full Name, Mailing Address and ZIP Code EDGAR FOR CONGRESS COMMITTEE P.O. BOX 36 MANTROSB, CA 91021	JAMES E. ROGAN U S HOUSE CA027 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/15/00	500.00
D. Full Name, Mailing Address and ZIP Code PETE STARK RE-ELECTION COMMITTEE P.O. BOX 8231 FREMONT, CA 94537	FORTNEY PETE STARK U S HOUSE CA013 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/16/00	500.00
E. Full Name, Mailing Address and ZIP Code BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 395 BAKERFIELD, CA 93302	WILLIAM M. THOMAS U S HOUSE CA021 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/15/00	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... 1,500.00